FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention

INTEGRATED ELECTRONIC RF SHIELDING APPARATUS FOR AN MRI MAGNET

Application Number:

Date:

First Named Applicant: Timothy John Havens

Attorney Docket Number: GEMS 0220 PA

TOTAL FEE AUTHORIZED \$ 846

Patent fees are subject to annual revisions on or about October 1st of each year.

Filing as large entity

BASIC FILING FEE

Fee Description	Fee Code	Amount \$	Fee Paid \$
Utility Filing Fee	1001	770	770
		Subtotal Fo	r Basic Filing Fees: \$ 770

EXTRA CLAIM FEES

Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$		
Total Claims : 22	2	1202	18	36		
Independent Claims: 3	0	1201	86	0		
Subtotal For Extra Claims Fees: \$ 36						

ASSIGNMENT FEES

Fee Description	Property Number	Quantity	Fee Code	Amount \$	Fee Paid \$	
Recording Each Patent	00000000	1	8021	40	40	
Assignment Per Property Fee						
Subtotal For Additional Fees: \$40						

AUTHORIZED BILLING INFORMATION

The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit account number: 070845

Access Code ****

Deposit name: GE Medical Systems

Deposit authorized name: Jeffrey J. Chapp

Signature: Jeffrey J. Chapp

Date (YYYYMMDD): 2003-10-01

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).